



This is an official **DHEC Health Advisory**

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Measles Outbreak in North Carolina

On April 17, 2013, the North Carolina Division of Public Health reported seven cases of measles among residents of Stokes and Orange Counties. All seven cases occurred in persons who were not vaccinated against measles. The index case developed symptoms on April 4, shortly after returning from a trip to India. The most recent case developed symptoms on April 14, 2013. Potential exposures to these cases are being investigated in the following North Carolina counties: Guilford, Orange, Polk (which borders South Carolina), and Stokes. At this time, no residents of South Carolina have been identified as contacts to cases in North Carolina. Although efforts are being made to identify all contacts, it is possible that more cases could occur among unrecognized contacts. DHEC recommends providers consider measles when evaluating patients with certain febrile rash illnesses.

Summary

Measles is a highly contagious, acute viral illness that is transmitted by contact with infectious respiratory droplets or less commonly, by airborne spread. The measles virus can remain viable on surfaces or in the air for up to two hours. The incubation period for measles is usually about 10 days from exposure to onset of fever (range, 7–18 days) and 14 days from exposure to rash onset (range, 7–21 days). Measles can cause severe health complications, including pneumonia, encephalitis, and death. Measles has become rare in the United States and it was declared eliminated from the United States in 2000. However, importations of measles into the United States continue to occur, posing risks for outbreaks and sustained transmission and emphasizing the importance of maintaining high two-dose measles vaccine coverage.

Guidance for Clinicians

Clinicians are asked to consider the diagnosis of measles in patients presenting with a febrile rash illness lasting 3 days or more and with clinically compatible symptoms (cough, coryza, and/or conjunctivitis), especially in those who are not vaccinated, and those who recently traveled to the counties in North Carolina where cases have been reported.

Testing

Because measles is now rare in the United States, false positive laboratory results are more likely. To reduce false positive measles laboratory results, all suspect cases should be investigated. Laboratory testing should be restricted to those whose history and clinical presentation are consistent with measles: those with fever and generalized maculopapular rash lasting 3 days or more with symptoms of cough, coryza, and/or conjunctivitis. Testing for measles in patients with no rash, no fever, a vesicular rash, or a rash limited to the diaper area or that is not generalized potentially leads to false positive results.

Providers are urged to collect appropriate clinical specimens, keeping in mind that specimens should ideally be obtained within 7 days of rash onset and are of little value if collected more than 10 days after rash onset.

- Measles Serology: 5mL whole clotted blood or 2mL serum should be collected and stored and shipped at room temperature. DHEC Bureau of Laboratories (BOL) is able to perform stat diagnostic serology for suspect measles cases. Notify DHEC at 803.898.0861 prior to sending specimens.
- Measles Virus: Throat (oropharyngeal) swabs (and/or nasopharyngeal [NP] swabs) are the preferred
 clinical samples for measles virus detection. Swabs for virus detection should be taken at the same time that
 blood for measles serology is obtained. Sterile Dacron or synthetic swabs should be used, placed in viral
 transport medium and refrigerated. DHEC BOL can hold these specimens for possible testing at CDC.

Reporting of Cases

Suspect cases of measles should be reported to DHEC immediately by phone. Cases of patients presenting with a febrile rash illness lasting 3 days or more and clinically compatible symptoms (cough, coryza, and/or conjunctivitis), especially those who are not vaccinated, those who recently traveled to the counties in North Carolina where cases have been identified should be reported to DHEC via the phone numbers listed below. DHEC can arrange for testing of specimens collected, as appropriate.

Any laboratory confirmation of an acute case of measles should be reported to DHEC immediately by phone. Laboratory confirmation includes: measles IgM positive, isolation of measles virus in culture, or detection of measles by PCR.

Resources for Additional Information

- CDC Measles Overview http://www.cdc.gov/measles/index.html
- SCDHEC Bureau of Laboratories Services Guide http://www.scdhec.gov/health/lab/docs/all.pdf
- CDC Measles Lab Tools http://www.cdc.gov/measles/lab-tools/index.html

DHEC contact information for reportable diseases and reporting requirements

Reporting of confirmed and suspected measles cases is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2011 List of Reportable Conditions available at:

http://www.scdhec.gov/administration/library/CR-009025.pdf.

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2013

Mail or call reports to the Epidemiology Office in each Public Health Region.

LOW COUNTRY PUBLIC HEALTH REGION

Berkeley, Charleston, Dorchester 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405

Phone: (843) 953-0047 Fax: (843) 953-0051

Nights / Weekends: (843) 219-8470

Beaufort, Colleton, Hampton, Jasper

219 S. Lemacks Street Walterboro, SC 29488 Phone: (843) 441-1091 Fax: (843) 549-6845

Nights / Weekends: 1-843-441-1091

Allendale, Bamberg, Calhoun, Orangeburg

PO Box 1126 1550 Carolina Avenue

Orangeburg, SC 29116 Phone: (803) 268-5833 Fax: (803) 533-7134

Nights / Weekends: (803) 535-9265

MIDLANDS PUBLIC HEALTH REGION Fairfield, Lexington, Newberry, Richland

2000 Hampton Street Columbia, SC 29204 Phone: (803) 576-2749 Fax: (803) 576-2993

Nights / Weekends: 1-888-554-9915

Chester, Kershaw, Lancaster, York

PO Box 817

1833 Pageland Highway Lancaster, SC 29720 Phone: (803) 286-9948 Fax: (803) 286-5418

Nights / Weekends: 1-866-867-3886

Aiken, Barnwell, Edgefield, Saluda

222 Beaufort Street, NE Aiken, SC 29801 Phone: (803) 642-1618 Fax: (803) 643-8386

Nights / Weekends: (803)645-8167

PEE DEE PUBLIC HEALTH REGION Chesterfield, Darlington, Dillon, Florence,

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion

145 E. Cheves Street Florence, SC 29506 Phone: (843) 661-4830 Fax: (843) 661-4859

Nights / Weekends: (843) 601-7051

Clarendon, Lee, Sumter

PO Box 1628

105 North Magnolia Street Sumter, SC 29150 Phone: (803) 773-5511 Fax: (803) 775-9941

Nights/Weekends: 803-458-1847

Georgetown, Horry, Williamsburg

1931 Industrial Park Road Conway, SC 29526-5482 Phone: (843) 915-8804 Fax: (843) 365-0085

Nights/Weekends: (843) 340-4754

UPSTATE PUBLIC HEALTH REGION

Anderson, Oconee

220 McGee Road Anderson, SC 29625 Phone: (864) 260-4358 Fax: (864) 260-5623

Nights / Weekends: 1-866-298-4442

Abbeville, Greenwood, Laurens, McCormick

1736 S. Main Street Greenwood, SC 29646 Phone: 1-888-218-5475 Fax: (864) 942-3690

Nights / Weekends: 1-800-420-1915

Greenville, Pickens

PO Box 2507 200 University Ridge Greenville, SC 29602-2507 Phone: (864) 372-3133 Fax: (864) 282-4373

Nights / Weekends: (864) 809-3825

UPSTATE PUBLIC HEALTH REGION

(continued)

Cherokee, Spartanburg, Union PO Box 4217

151 E. Wood Street Spartanburg, SC 29305-4217 Phone: (864) 372-3133 Fax: (864) 282-4373

Nights / Weekends: (864) 809-3825

DHEC Bureau of Disease Control Division of Acute Disease Epidemiology

1751 Calhoun Street Box 101106 Columbia, SC 29211

Phone: (803) 898-0861 Fax: (803) 898-0897

Nights / Weekends: 1-888-847-0902



South Carolina Department of Health and Environmental Control

www.scdhec.gov